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Country programme outline for Niger

Proposed UNFPA assistance:	$17.1 million: $7.6 million from regular resources and $9.5 million from co-financing modalities and/or other, including regular, resources
Programme period:	Four years (2004-2007)
Cycle of assistance:	Sixth
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	4.6	7.3	11.9
Population and development strategies	2.0	2.2	4.2
Programme coordination and assistance	1.0	-	1.0
Total	7.6	9.5	17.1

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I. Situation analysis

1. Despite renewed political stability and the efforts of the democratically elected Government, Niger continues to suffer from an economic crisis. The threat of famine is serious, with women and children especially vulnerable. Nationwide, 63 per cent of the population lives below the poverty level, with women making up two thirds of this figure. The difficult living conditions have had a negative impact on human development: the country ranks 172 out of 173 in the *Human Development Report 2002*.

2. The population reached 11.2 million in 2001, and the annual population growth rate is 3.3 per cent. The population density is 8.4 habitants per square kilometre, with 82 per cent of the population living in rural areas. Young people and adolescents aged 10-24 represent 29 per cent of the total population. The total fertility rate is high at 8 children per woman.

3. Reducing maternal mortality is a top priority for the country. Despite the efforts of national authorities in the past decade to improve the availability, accessibility and quality of maternal health care, the maternal mortality ratio stands at 700 deaths per 100,000 live births. The prevalence of obstetric fistula among women remains high with more than 1,000 cases reported in 2000. The number of births attended by skilled health personnel decreased to 15.7 per cent in 2000 from 17.6 per cent in 1998. The use of modern contraceptive methods, although limited, has increased to 4.3 per cent, compared to 2.3 per cent in 1992.

4. Youth and adolescents in Niger face serious reproductive health risks, often the result of cultural and parental pressure. Early marriage (on average, 15.7 years for girls) and early sexual relationships are common. The use of contraceptive methods among youth is very low at 1.3 per cent, and more than 36 per cent of adolescents have had a child before age 18.

5. With an HIV/AIDS prevalence rate below 1 per cent in 2002 among persons aged 15-49, Niger is the sub-Saharan African country least affected by the epidemic. However, the infection rate is rising rapidly among the general population, especially among high-risk groups, such as commercial sex workers, military personnel and truck drivers.

6. Gender inequality contributes to the high level of poverty nationwide. Indicators show a clear gap between men and women in terms of health, education and literacy. Gender indicators in Niger are well below the average for the developing world. Traditional female roles and household tasks have had a negative impact on women's health, rights and their ability to realize their full potential, especially in rural areas.

7. Niger lacks a coherent and efficient system of statistical data processing, which hinders an in-depth analysis of the relationship between population and development. Most of the figures on record are out of date. The results of the 2001 population census will, however, provide more integrated and reliable data on population and development issues.

II. Past cooperation and lessons learned

8. Due to the start of the United Nations Development Assistance Framework (UNDAF) in 2004, the fifth county programme was approved for an interim period, from 2002 to 2003. The interim programme was budgeted at $6.3 million, of which $3.8 million were from UNFPA regular resources.

9. In the area of reproductive health, the programme was implemented in 11 health districts in three administrative regions (Dosso, Zinder and Agadez). It contributed to the integration of a minimum package of high-

quality reproductive health services into the health-care system. The programme also contributed to the implementation of the safe motherhood strategy, including emergency obstetric care, community-based distribution activities and training for health personnel. The programme drew attention to the specific needs of young people through a sexual and reproductive health initiative that focused on activities geared toward the prevention of HIV/AIDS.

10. In the area of population and development strategies, the programme strengthened national planning as well as monitoring and evaluation capacity. It contributed to the creation of sociodemographic and programme monitoring and evaluation databases, which facilitated coordination between the producers and users of the data. In addition, the programme emphasized gender concerns by implementing a broad gender initiative aimed at introducing a gender approach in political participation, law, education and reproductive health.

11. Lessons learned include the need to review the planning and monitoring of all programme activities. The decentralization of activities and technical staff in the intervention zones has produced encouraging results. Coordination mechanisms need to be reinforced, and a local support team should be established to optimize programme resources. In the area of South-South cooperation, the UNFPA country office played a catalytic role in securing reproductive health technical assistance from Tunisia. The country office also succeeded in mobilizing resources to extend reproductive health activities to the entire Zinder region. More advocacy and fund-raising efforts are required to expand services to more districts.

III. Proposed programme

12. The Government of Niger and UNFPA jointly prepared the proposed programme. It takes into account the objectives of the national poverty reduction strategy paper, the conclusions of the 2001 common country assessment and the UNDAF strategies agreed on by the United Nations country team. The proposed programme was developed within a human-rights framework in accordance with the Programme of Action of the International Conference on Population and Development, the Millennium Development Goals and the New Partnership for Africa's Development.

13. The goal of the proposed programme is to contribute to achieving the Government's objectives to reduce poverty and improve overall living standards and conditions for the people of Niger. The following UNDAF objectives will be addressed: (a) ensuring universal access to basic social services; and (b) ensuring good governance and sustainable and equitable growth, including gender equity and equality. The programme will emphasize improved reproductive health, especially maternal health, family planning and the prevention of sexually transmitted infections (STIs) and HIV/AIDS. It will also focus on the relationship between population and development in sectoral development programmes and on reducing gender inequities and inequalities.

14. The programme will intervene at the national level for advocacy, research studies in population and development, contraceptive supplies and mass communication. At the local level, the programme will reinforce the existing integrated reproductive health initiatives in 11 intervention districts in the regions of Dosso, Zinder and Agadez as well as in additional districts. The geographical focus will enhance the impact of the programme and allow the best use of available resources.

Reproductive health subprogramme

15. The outcome of the programme in the area of reproductive health is to contribute to improved utilization of high-quality reproductive health services in the intervention zones.

16. The first output – increased accessibility to high-quality reproductive health services in the intervention zones – will be achieved through the following activities: (a) integrating high-quality reproductive health services and information, including STI management and HIV/AIDS prevention, into the minimum package of services offered at health centres in the intervention zones; (b) reducing sociocultural and legal barriers restricting access to reproductive health services; (c) extending and strengthening community-based distribution and outreach strategies; (d) strengthening the safe motherhood strategy, including emergency obstetric care, post-abortion care, and the prevention and treatment of obstetric fistula; (e) improving reproductive health commodity security; (f) strengthening information, education and communication/ behaviour change communication and advocacy activities for the general population and for political, traditional and religious leaders; and (g) undertaking operational research on barriers to the utilization of reproductive health services by youth.

17. The second output – strengthened management of reproductive health services at the central level and in the intervention zones – will be attained by: (a) implementing the national reproductive health programme; and (b) strengthening human resources management; the health information management system; coordination, monitoring and supervision; and community involvement in the management of reproductive health programmes.

18. The third output – enhanced service delivery points and mechanisms providing reproductive health services and information to adolescents and youth – will be addressed by: (a) strengthening existing institutions to meet the needs of adolescents and youth; (b) strengthening reproductive health services in schools, universities and youth organizations; (c) developing strategies for peer education; (d) reducing sociocultural and legal barriers that restrict access to reproductive health services by adolescents and youth; and (e) advocacy activities with parents and opinion leaders to promote reproductive health services for youth and adolescents.

Population and development strategies subprogramme

19. In the area of population and development strategies, one outcome of the programme is to contribute to the improved utilization of knowledge about the relationship between population and development and to integrate this knowledge into the design, implementation, monitoring and evaluation of development policies and programmes. A second outcome will contribute to the reduction of inequities and inequalities between men and women.

20. The first output under this subprogramme – a better understanding of the interrelationship between population and development – will be achieved through: (a) research on the determinants of demographic variables and related issues; (b) capacity-building in the area of research, project design and implementation; (c) in-depth analysis of census results; (d) support for the review and implementation of legal texts on population; (e) advocacy with decision makers, opinion leaders and civil society to update the national population policy; and (f) dissemination of study results and the national population policy.

21. The second output – effective and regular availability of high-quality population data and information for monitoring and evaluation – will be achieved by supporting research and collecting and analysing statistical data to facilitate the design, monitoring and evaluation of the national population programme. The subprogramme will: (a) establish an integrated information system on population and development data, disaggregated by sex; (b) produce and publish periodical newsletters and reports on population and development; and (c) build national capacity in programme monitoring and evaluation.

22. The third output under this subprogramme – integration of the gender approach in all ongoing development policies and programmes and in monitoring and evaluation plans – will be achieved by: (a) raising awareness among political leaders and opinion makers at national, regional and local levels; and (b) strengthening the capacity of project staff on gender issues.

23. The fourth output – promoting and strengthening the legal, administrative and economic environment for gender equity and equality – will be achieved by enhancing the legal framework governing gender equity and equality in Niger. In addition, advocacy activities for parliamentarians and government officials on gender issues, as well as advocacy for increased women's political participation, will be undertaken. Achievement of the output will also depend on revising legal texts and by improving knowledge of the social and legal status of women.

IV. Programme management, monitoring and evaluation

24. The Ministry of Economy and Finance will coordinate the programme. The Ministry of Health will be responsible for the reproductive health subprogramme, while the Ministry of Social Development will be responsible for the population and development strategies subprogramme. Non-governmental organizations will be involved in the implementation and execution of the programme, especially in providing services and information to rural areas. The programme will be implemented within the context of the UNDAF, in collaboration with United Nations agencies.

25. Results-based management will serve as the basis for the formulation, adoption, financing and implementation of initiatives supported by UNFPA, in accordance with the UNDAF. An integrated information system will be set up for this purpose. Quarterly, midyear and annual monitoring plans will be prepared to ensure proper management of the programme. Annual reviews and a midterm review will be conducted to evaluate programme implementation and to make necessary adjustments.

26. The UNFPA Representative will manage the programme, assisted by two national programme officers, one operations manager and administrative support staff. National project personnel will be recruited as needed to strengthen the implementation and monitoring of the programme. The UNFPA Country Technical Services Team in Dakar, Senegal, will provide technical support.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR NIGER

UNDAF Objective: To contribute to ensuring universal access to basic social services

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
To contribute to achieving the Government's objectives to reduce poverty and improve overall living standards and conditions for the people of Niger through improved reproductive health	*[Reproductive health subprogramme]* To contribute to improved utilization of high-quality reproductive health services in the intervention zones	By 2007: • Contraceptive prevalence rate for modern methods increases from 4.3% to at least 9% at the national level • The utilization of contraceptives by youth and adolescents increases from 1.3% to 5% • Proportion of women who deliver with the help of qualified health personnel increases from 15.7% to 30% • Management of obstetrical complications increases by 50% • Prenatal consultation rate rises from 40% to 60% • Decrease in unmet family planning needs	**Output 1: Increased accessibility to high-quality reproductive health services in the intervention zones** Output indicators: By 2007 in the intervention zones: • District health facilities offer a complete range of high-quality reproductive health services, including those for emergency obstetric care and STI and HIV/AIDS prevention, provided by qualified and trained personnel • 100% of communities and opinion leaders in the intervention zones are sensitized on reproductive health issues, including STIs and HIV/AIDS, safe motherhood, youth and adolescent reproductive health and men's involvement • 70% of clients using reproductive health services are satisfied with the type and quality of services provided **Output 2: Strengthened management of reproductive health services at the central level and in the intervention zones** Output indicator: By 2007 in the intervention zones: • The national reproductive health programme is implemented **Output 3: Enhanced service delivery points and mechanisms providing reproductive health services and information to adolescents and youth** Output indicator: By 2007 in the intervention zones: • 100,000 youth and adolescents have acquired knowledge on STIs and HIV/AIDS, early pregnancy, unsafe abortion and other reproductive health issues	$4.6 million from regular resources and $7.3 million from other resources

UNDAF Objective To contribute to ensuring good governance and sustainable and equitable growth				
UNFPA Goal	**Outcome**	**Indicators**	**Outputs and Key Indicators**	**Resources**
To contribute to achieving the Government's objectives to reduce poverty and improve overall living standards and conditions for the people of Niger through improved utilization of knowledge about the relationship between population and development	*[Population and development strategies subprogramme]* To contribute to improved utilization of knowledge about the relationship between population and development and to integrate this knowledge into the design, implementation, monitoring and evaluation of development policies and programmes	By 2007: • Sectoral policies and programmes integrate national population policy objectives • The national poverty reduction strategy integrates the objectives of the revised national population policy	**Output 1: A better understanding of the interrelationship between population and development** Output indicators: • Availability of information for evidence-based policy development • Percentage of satisfied users by the results of the published studies and research documents • The national population policy is updated **Output 2: Effective and regular availability of high-quality population data and information for monitoring and evaluation** Output indicators: • Newsletters on programme monitoring and evaluation indicators are published regularly • An annual report on the state of the population in Niger is published systematically	Regular resources: $0.9 million Other resources: $1.0 million
UNDAF Objective: To contribute to ensuring universal access to basic social services **UNDAF Objective: To contribute to ensuring good governance and sustainable and equitable growth**				
To contribute to achieving the Government's objectives to reduce poverty and improve overall living standards and conditions for the people of Niger through a reduction in gender inequities and inequalities	*[Population and development strategies subprogramme]* To contribute to the reduction of inequities and inequalities between men and women	By 2007: • Proportion of women parliamentarians increases from 1.2% to at least 10% • Legal texts addressing violence against women including female genital cutting are adopted and applied • School enrolment rate for girls increases from 29.6% to 52% • School dropout rate for girls (primary and secondary) reduced • Increased number of women candidates for national, regional and local political offices	**Output 3: Integration of the gender approach in all ongoing development policies and programmes and in monitoring and evaluation plans** Output indicator: • Integration of gender aspects into population and development sectoral and global policies, programmes and projects formulated and revised during the programme cycle **Output 4: Promoting and strengthening the legal, administrative and economic environment for gender equity and equality** Output indicators: • Legislative and legal texts in favour of gender equity and equality are available • Actions are guided by opinions that favour school enrolment for girls and women's participation in leading positions	Regular resources: $1.1 million Other resources: $1.2 million